



Temple Anshe Amunim

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Pittsfield, MA 01201
413-442-5910
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www.ansheamunim.org

APPLICATION FOR MEMBERSHIP:

Please complete the application for each adult member of your household.

Date _____

All memberships entitle you to High Holy Days tickets. Guests are welcome for \$50 per guest. You may also purchase cemetery plots through the Temple at special rates. Children are included in Family Membership up to age 25.

Select the type of Membership:

Full Membership (Requires an Annual Dues Assessment and one-time Maintenance Fee of \$500 payable over 3 years.)
Family (A couple with or without children) - \$1,576 Single (A single person, with or without children) - \$933

Associate Membership (Available to families or singles who are members in good standing at another Reform congregation and/or are residents of Berkshire County for less than six months of the year.)

Family Associate - \$970 Single Associate - \$716

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home: _____ Cell: _____ E-Mail Address _____

Employer _____ Occupation _____

Seasonal Address (if different) _____

What months do you reside at the seasonal address? From: _____ To: _____

Are you affiliated with another congregation? Name/location: _____

Family History

Date of Birth _____ Place of Birth _____

At least one family member must be Jewish.

Are you: Reform Conservative Reconstructionist Orthodox Unaffiliated Not Jewish - specify _____

Hebrew Name _____

Father's Name _____ Mother's Name _____

Marital Status Single Married Divorced Widowed Spouse/Partner _____
Wedding Anniversary _____

If you have any relative(s) who are members of this Temple, please give their name(s) _____

Yahrzeits

We offer remembrances of all loved ones of our congregational family on the anniversary of their death (yahrzeit). Please list those yahrzeit dates you would like included in the Temple's records. Please specify the Hebrew or English calendar date. If you prefer the English date, please include the year of death.

1.) Yahrzeit Name _____ Relationship to you: _____

Date of Death (mm/dd/year) _____ Preferred Date Mode: English Hebrew

Yahrzeit Notice: Yes No Member to receive notice _____

Are you interested in purchasing a memorial plaque for the Temple display? Yes No

2.) Yahrzeit Name _____ Relationship to you: _____

Date of Death (mm/dd/year) _____ Preferred Date Mode: English Hebrew

Yahrzeit Notice: Yes No Member to receive notice _____

Are you interested in purchasing a memorial plaque for the Temple display? Yes No

Areas of Interest

Temple Anshe Amunim offers a variety of spiritual, social, educational and service opportunities to its members. We encourage your participation. Please indicate by circling the areas of interest below.

- | | | |
|-----------------------------------|-----------------------------|-------------------------|
| Adult Education | House (Infrastructure) | Religious School |
| Beautification | Library | Social Action |
| Budget/Finance | Marketing/Public Relations | Technology |
| Caring Committee (Member Support) | Membership | Temple Leadership |
| Cemetery | Men's Club | Women of Reform Judaism |
| Endowment | Music (Choir or Instrument) | Worship |
| Fundraising/Development | Program Planning | Youth Activities |

Children's Information

| Name | Date of Birth | School Grade | Bar/Bat Mitzvah Date | Confirmation Year | Will the child attend religious school? |
|------|---------------|--------------|----------------------|-------------------|---|
| | | | | | |
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If the child is currently attending a religious school, where? _____